

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
PRIVATE SECURITY SERVICES SECTION

COMPLIANCE INSPECTION

Business: _____
Address: _____
Telephone: _____ Fax: _____
Date: _____ Lic#: _____ Audit#: _____

PART 1 General Provisions

	Comp.	Non/Comp.	N/A
1. Business address, 6 VAC 20-171-220.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Any change in operating name, 6 VAC 20-171-220.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any change in ownership or principals, 6 VAC 20-171-220.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Any change in entity, 6 VAC 20-171-220.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Liability insurance, 6 VAC 20-171-220.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Irrevocable consent for service, 6 VAC 20-171-220.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Designated compliance agent, 6 VAC 20-171-220.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Display business license, 6 VAC 20-171-220.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. License number/advertising materials, 6 VAC 20-171-230.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use of state seal of Virginia, 6 VAC 20-171-230.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use of contractors or subcontractors, 6 VAC 20-171-230.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carrying firearms, 6 VAC 20-171-230.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Report firearm discharges, 6 VAC 20-171-220.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Utilize vehicles with flashing lights, 6 VAC 20-171-230.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Documentary evidence of terms, 6 VAC 20-171-220.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Uniforms, 6VAC20-171-320.17 – 6VAC20-171-340.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Employees properly reg. or certified, 6 VAC 20-171-230.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. VSP-167 forms submitted as required, 6 VAC 20-171-40.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. VSP-167 forms listing convictions, 6 VAC 20-171-40.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Fingerprints submitted as required, 6VAC 20-171-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Supervisor fingerprints submitted, 6VAC20-171-220.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Citizenship or legal alien resident status, 6VAC20-171-215.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS.

Additional forms attached: [] Yes [] No

INSPECTION ACKNOWLEDGEMENT - The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected within _____ days, and that administrative action may occur as a result of this inspection.

Investigator Signature _____ Date _____
Print Name _____

Compliance Agent Signature _____ Date _____
Print Name _____